

**LOUISIANA BOARD OF ETHICS**  
**DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)**

STATE OF LOUISIANA  
 PARISH OF Norfolk

L. Craig Robert Hensgens, residing at P.O. Drawer 510 Garytown, La 70542  
 (Name) (Mailing Address, including City & Zip Code)

do declare that:

1.

That this disclosure statement is made pursuant to LSA-R.S. 42:1119B(2)(b) for the year beginning on January 1<sup>st</sup>, 2003.  
 (Year)

2.

That I am a Chief Executive Board Member / Commissioner (circle one) of the Garytown Medical Center Home Hospital Service District / Public Trust Authority  
 (Name)  
 and have served in this capacity since January 25 1993.  
 (Month) (Day) (Year)

3.

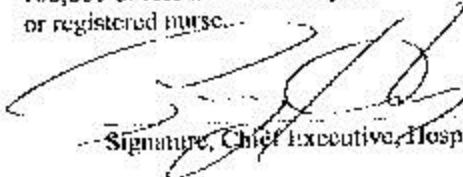
That my immediate family member, defined by LSA-R.S. 42:1102(13) as his children, the spouses of children, his brothers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, his spouse, and the parents of his spouse, is employed by the described Hospital Service District / Public Trust Authority. The facts of such employment are as follows:

Name of Immediate Family Member: Nancy L. Hensgens  
 Relation of Immediate Family Member: Spouse  
 Position: Office Manager  
 Date employed (month, day, year): 1-18-1993  
 Applicable Exception (check all that apply):

☒ Employed by Hospital Service District / Public Trust Authority for more than one year prior to filer becoming the chief executive or a board member or commissioner of the Hospital Service District / Public Trust Authority

☐ Serving in public employment continuously since April 1, 1980, the effective date of the Code of Governmental Ethics

☐ Hospital Service District / Public Trust Authority has a district population of 100,000 or less and the family member is employed as a licensed physician or registered nurse.

  
 Signature, Chief Executive, Hospital Board Member or Commissioner

**NOTE:** These disclosure statements are due by January 30<sup>th</sup> of each year that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed one time per year or at any other time during the year and the information you disclosed has